Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			A. BUILDING:					
		000105	B. WING		05/07/2014			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MARQUETTE 8140 TOWNS								
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	OLIS, IN 46260	PROVIDER'S PLAN OF CORRECTION	N	(X5)		
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE		
R 000	INITIAL COMMENTS		R 000					
	These deficiencies re accordance with 410	flect state findings cited in IAC 16.2-5.						
R 273	410 IAC 16.2-5-5.1(f) Services - Deficiency	Food and Nutritional	R 273					
		esidents ' units) are ance with state and local od handling standards,						
	review, the facility fail the freezers and cool an open date. This h	n, interview and record ed to ensure foods stored in er were properly labeled with ad the potential to affect 59 d food from the main facility ed all the food and						
	Findings include:							
	on 4/29/14 at 10:00 A	ility kitchen was conducted .M., with the Director of Services and the Executive						
	The protein freezer w following food items v on them:	as observed with the vith no open date observed						
	Onethree gallon tub cream.	of Vanilla flavored ice						
	cream. This ice crean	of Vanilla flavored ice n tub also had a lid that was s and the ice cream could be areas on the lid. Ice						

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
000105		B. WING		05/07/2014		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
MARQUETTE			NSHIP LINE RI OLIS, IN 46260			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE C	(X5) COMPLETE DATE
R 273	Continued From page 1		R 273			
	crystals had formed on top of the ice cream.					
	Twothree gallon tubs of Rainbow flavored sherbet were opened. Onethree gallon tub of Peppermint Stick flavored ice cream.					
	battered Shrimp Tend	Cod and 25 pieces of lers were opened and taped a labeled Battered Shrimp				
	30 sausage links were lying in a box labeled Sausage Links with the bag split open. The sausage links had ice crystals formed on them. Two pounds of breaded Chicken tenders were opened in a bag that was tied closed with a knot lying on top of a box by the freezer door.					
	pounds of shredded of a zip lock type closure	was observed with two carrots lying in the bottom of e bag placed on a shelf in g open. There was no open				
	•	was observed to have had f milk that was over the use cooler:				
		ole milk was sitting in a milk ite skim milk with a use by				
		le milk was sitting in a milk rates of a variety of flavors of late of 4/21/14.				
	15 pints of white who	le milk was sitting in a milk				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	· · · · · · · · · · · · · · · · · · ·) DATE SURVEY COMPLETED	
000105		B. WING		05/07/2014			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE			
MARQUE	TTE		NSHIP LINE RI OLIS, IN 46260				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE	
R 273	DE PROVIDER OR SUPPLIER STREET ADDR 8140 TOWNS INDIANAPOI D. SUMMARY STATEMENT OF DEFICIENCIES IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		R 273				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			X3) DATE SURVEY COMPLETED		
000105		B. WING			05/07/2014			
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MARQUETTE 8140 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
R 273	A current policy titled provided on 5/5/14 at Food and Beverage Sindicated, "Policy: It is to store foods under partialistic, temperature security13. Food at be clearly labeled. 14 labeled, dated, immediately and used	"Food Storage" was 9:36 A.M., by the Director of Services. The policy is the policy of the community proper conditions of re, light, moisture, and nd non-food supplies are to it. Leftover foods are diately placed under it within 72 hours or posed foods should be	R 273					

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